



PART B - FEE(S) TRANSMITTAL

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23413 7590 06/28/2010

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Darin R. Okerlund

(Depositor's name)

[Signature]

August 18, 2010

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10708564	03/11/2004	Darin R. Okerlund	144726	2563

TITLE OF INVENTION: CARDIAC IMAGING SYSTEM AND METHOD FOR PLANNING MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY
08/19/2010 EAREGAY2 00000037 070845 10708564

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$1510	* 31510	09/28/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
WEATHERBY, ELLSWORTH	3768	600-425000				

***Issue Fee(s) previously paid on 11/23/09**

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

General Electric Company
Jasbir S. Sra

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Schenectady, New York
Pewaukee, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

 Issue Fee (previously pd on 11/23/09) Publication Fee (No small entity discount permitted) Advance Order - # of Copies _____

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 A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **07-0845** (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *[Signature]*Date **August 18, 2010**Typed or printed name **David A. Fox**Registration No. **38,807**

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